



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

KILLEEN INJURY CLINIC

Respondent Name

SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number

M4-13-3197

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 30, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It is our position that the insurance company is delaying payment of the claims that were rendered and preauthorized."

Amount in Dispute: \$4,975.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 1, 2012 through November 7, 2012	90806, 90889, 99082, 90901 and 97110	\$4,975.00	\$0.00

FINDINGS AND DECISION

This findings and decision supersedes all previous outcomes rendered in this medical payment dispute involving the above requestor and respondent.

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600, sets out the guidelines for prospective and concurrent review of health care.
3. 28 Texas Administrative Code §134.203, sets out the Medical Fee Guideline for Professional Services.
4. Neither the requestor nor the healthcare provider submitted EOBs for the remaining disputed CPT Codes 90889, 99082 and 90806 rendered on August 1, 2012, August 8, 2012 and August 22, 2012.

Issues

1. Did the requestor withdraw some of the disputed services indicated on the table of disputed services?
2. Did the insurance carrier waive the issue of extent-of-injury for CPT Codes 90806, 99082 and 90889?
3. What is the AMA CPT Code definition of CPT Codes 90889, 99082 and 90806?
4. Did the requestor obtain preauthorization for the disputed CPT Code 90806?
5. Did the requestor submit documentation to support that the provisions of 28 Texas Administrative Code §133.307 were met for CPT Code 90889 rendered on 8/1/12, 8/8/12 and 8/22/12 and CPT Code 99082 rendered on August 22, 2012?
6. Is the requestor entitled to reimbursement?

Findings

1. The requestor contact, Kathy Gatewood on August 12, 2015, indicated that the requestor is no longer pursuing dispute resolution for dates of service 8/15/2012, 9/1/12, 9/19/12, 9/25/2012, 10/17/2012, 10/24/2012, 10/31/2012 and 11/7/2012. The requestor continues to pursue payment for dates of service 8/1/12, 8/8/12 and 8/22/12. As a result, MFDR will review the disputed services rendered on the disputed dates of service indicated below.

Date	Amount	CPT Codes
08/01/12	\$235.00	90806, 90889
08/08/12	\$235.00	90806, 90889
08/22/12	\$335.00	90806, 90889 and 99082

2. To determine whether such an extent-of-injury or related dispute existed at the time any particular medical fee dispute was filed with the Division and whether it was related to the same service, the applicable former version of 28 Texas Administrative Code §133.240(e), (e)(1), (2)(C), and (g) addressed actions that the insurance carrier was required to take, during the medical billing process, when the insurance carrier determined that the medical service was not related to the compensable injury: 31 TexReg 3544, 3558 (April 28, 2006). Those provisions, in pertinent parts, specified:

Former §133.240(e), (e) (1), (2) (C), and (g): The insurance carrier shall send the explanation of benefits in the form and manner prescribed by the Division. The explanation of benefits shall be sent to: (1) the health care provider when the insurance carrier makes payment or denies payment on a medical bill; and (2) the injured employee when payment is denied because the health care was: (C) unrelated to the compensable injury, in accordance with §124.2 of this title (g) An insurance carrier shall have filed, or shall concurrently file, the applicable notice required by Labor Code §409.021, and § 124.2 and 124.3 of this title ... if the insurance carrier reduces or denies payment for health care provided based solely on the insurance carrier's belief that: (3) the condition for which the health care was provided was not related to the compensable injury.

The Division finds that the carrier failed to raise the issue in accordance with DWC rules for disputed CPT Codes 90806, 99082 and 90889 and therefore, has waived the issue of extent-of-injury. As a result, MFDR has jurisdiction over the disputed issues, pursuant to Texas Labor Code 413.031.

3. 28 Texas Administrative Code §134.203 states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor seeks reimbursement for the following CPT Codes defined by the AMA CPT Code Book as follows:

CPT Code 90889 "Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers."

CPT Code 99082 "Unusual travel (eg, transportation and escort of patient)."

CPT Code 90806 "Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient."

4. 28 Texas Administrative Code §134.600 states in pertinent part, “(p) Non-emergency health care requiring preauthorization includes... (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.”

The Division finds that CPT Code 90806 requires preauthorization pursuant to 28 Texas Administrative Code §134.600.

Review of the preauthorization letters submitted for review document the following:

Preauthorization Date	July 25, 2012
Issued by	Coventry Workers’ Comp Services
Requested Service Description	Individual psychotherapy 1xwx6wks for 90806
Certified Quantity	0 Mental Health Therapy
Start Date	July 20, 2012
End Date	September 20, 2012
Decision Date	July 25, 2012

Preauthorization Date	September 25, 2012
Issued by	Coventry Workers’ Comp Services
Requested Service Description	Biofeedback 1xwx4wks [injury] Individual Psychotherapy 1xwx4wks for [injury] 90806
Certified Quantity	4 Mental Health Therapy
Start Date	September 20, 2012
End Date	November 20, 2012

The requestor seeks reimbursement for CPT Code 90806 for dates of service August 1, 2012, August 8, 2012 and August 22, 2012. Review of the preauthorization letters does not include the disputed dates of services. The Division finds that the requestor submitted insufficient documentation to support that preauthorization was obtained for CPT Code 90806 rendered on August 1, 2012, August 8, 2012 and August 22, 2012. As a result, reimbursement cannot be recommended for these services.

5. The requestor seeks reimbursement for CPT Code 90889 rendered on August 1, 2012, August 8, 2012 and August 22, 2012 and CPT Code 99082 rendered on August 22, 2012. Neither party submitted copies of EOBS with the dispute request/response.

28 Texas Administrative Code §133.307 states in pertinent part, “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include... (K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB...”

The Division concludes that the requestor submitted sufficient documentation to support that the provisions of rule 133.307 were met as a result; the disputed service will be reviewed pursuant to the applicable rules and guidelines.

6. 28 Texas Administrative Code §134.203 states in pertinent part, “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

The Division completed NCCI edits to identify potential edit conflicts that may affect reimbursement. The requestor billed CPT Codes 90806 and 90889 on August 1, 2012 and CPT Codes 90806, 90889 and 99082 on August 8, 2012 and August 22, 2012. The following was identified:

“Payment for Procedure Code 90889 is always bundled into payment for other services not specified and no separate payment is made, per Medicare.”

As a result, the requestor is not entitled to reimbursement for CPT Code 90889 rendered on August 1, 2012, August 8, 2012 and August 22, 2012.

The requestor seeks reimbursement for CPT Code 99082 defined by the AMA CPT Code book as “Unusual travel (eg, transportation and escort of patient).” The requestor submitted insufficient documentation to support the billing of CPT Code 99082 as a result, reimbursement cannot be recommended for this service.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	November 20, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.